

## Department of Health Care Policy and Financing

November 29, 2012

New mission. New look. Please feel free to share this information with your colleagues.

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# **Breaking News**

#### **New Mission and Vision**

The Department is proud to announce our revised mission and vision to better reflect the current health care landscape and that of our future with federal health care reform.

#### **Mission**

To improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

#### Vision

The Coloradans we serve have integrated health care and enjoy physical, mental and social well-being.

Thanks for all you do; we cannot realize our mission without our partners.

#### **How Will ICD-10 Change Your Practice?**

The ICD-10 transition affects everyone covered by the Health Insurance Portability and Accountability Act (HIPAA), even those who do not submit Medicaid claims. Anyone covered by HIPAA must use ICD-10 diagnosis codes for services provided on or after October 1, 2014. To be prepared for this transition, you should begin planning now if you have not done so already.

Here are a few of the many areas where the transition to ICD-10 will affect your practice:

- More robust codes. Codes will grow from 17,000 to 140,000. Code books and styles will change.
- Updated policies and procedures. Any office policy or procedure tied to a diagnosis code, disease management, tracking, or Prior Authorization Request (PAR) must be changed.
- Medical record documentation. ICD-10 codes will better reflect the specificity already inherent in the patient's medical record. Physicians will need to continue to document the patient's plan of care to include laterality, stages of healing, weeks in pregnancy, episodes of care, etc. Other health care professionals will also need to continue to document patient information with specificity.

We strongly recommend that all providers review their documentation. To prepare, providers can determine where ICD-9 codes currently appear in systems and business processes. Consider budgeting for training, re-printing of superbills, evaluating all vendor and payer contacts and developing an ICD-10 timeline.

# **Improving Health Outcomes**

#### **Accountable Care Collaborative Reduces Costs**

Through the Accountable Care Collaborative, the Department reduced Medicaid health costs by \$20 million. We also returned nearly \$3 million to state and federal taxpayers since the inception of the program.

In the ACC's first year, the Department identified three key performance indicators to measure improvement among those clients enrolled in the ACC, compared to clients not yet enrolled:

Indicators	Non-Accountable Care Collaborative members	Accountable Care Collaborative Clients
Hospital Readmissions	N/A	8.6% reduction
Emergency Room Utilization	1% increase	.23% increase
High-Cost Imaging	N/A	3.3% reduction

Please click here to read the entire Accountable Care Collaborative report.

If you would like more information, please contact Greg Trollan.

#### **CHP+ Prenatal Care Program Changes**

Medicaid income requirements for pregnant women will change as of January 1, 2013. This change will move a pregnant woman from the CHP+ Prenatal Care Program to Medicaid if her income is less than 186% FPL. Women with incomes 186% to 250% FPL will remain in CHP+.

These changes are to occur all at once on January 1, 2013 as mandated by the Centers for Medicare & Medicaid Services.

If you would like more information, please contact Alan Kislowitz.

#### **CBMS Communication Committee**

A CBMS Communication Committee has been formed to create effective two-way communication between the Governor's Office of Information Technology (OIT), the Colorado Benefit Management System (CBMS) team, state program areas and counties, CBMS users, Medical Assistance sites and Presumptive Eligibility, clients, community stakeholders, and the general public. The committee will identify, mitigate and improve gaps in communication.

We will keep you informed of the process as we would like broad input. There will be an opportunity for you to submit comments and questions when the CBMS Web site is revised.

If you would like more information, please contact Chris Lines.

#### **ADAPT Thanks the Department**

A "pie" luncheon, complete with three kinds of pie, was held on November 27, 2012 thanks to ADAPT. ADAPT is a grassroots organization working to assure the civil and human rights of people with disabilities to live in freedom.

"We are thankful for the progress we have made and the progress to come," says Dawn Russell, ADAPT.



Left to right: Medicaid Director Suzanne Brennan, assistant Pat Connally, Dawn Russell and other ADAPT members

### **Increasing Access**

### State Employee Eligible Children have Access to CHP+ January 1, 2013

Effective January 1, 2013 CHP+ will be expanding eligibility to children of state employees. The children must meet the CHP+ eligibility criteria including not having insurance at the time of application.



If the child/ren has other creditable insurance they must comply with the lock-out period of three months. Families may log on to <u>PEAK</u> to anonymously see if they may be eligible. Eligibility cannot be determined outside the normal application process.

If you would like more information, please contact Christine Martinez.

### **New CICP Providers**

The Department welcomes two new CICP providers: Olathe Community Clinic and Sheridan Health Services. Both have been newly designated as Federally Qualified Health Center grantees.

Congratulations to all of our providers and thank you. It's because of you that low-income Coloradans have a place to go for affordable health care.

# **Containing Costs**

### Mandatory PAR Submission into CareWebQI (CWQI)

The Department will be requiring exclusive use of the CWQI for PAR submissions. Effective March 4, 2013, PARS must be submitted using CWQI.

After April 1, 2013 PARs submitted via fax or mail will not be entered into CWQI and subsequently not reviewed for medical necessity. These PARs will be returned to providers via mail.

An electronic PAR format will be required unless hard copy PAR submittals are specifically authorized by the Department. This exception is for providers who submit five or less PARs per month.

If you would like more information, please contact Chris Acker.

#### **Medical Services Board**

#### **Public Rule Review Opportunities**

Partners who are interested in a one-on-one discussion with Department staff about upcoming rules are invited to attend the Department's Public Rule Review Meeting. Information is available on the <a href="Public Rule Review Meetings">Public Rule Review Meetings</a> web page. Reasonable accommodations for the meetings are provided upon request for persons with disabilities.

For more information or to be added to the Board email distribution list for updates on Board activities, please contact Judi Carey.

## **Employment Opportunities**

Applying for state government jobs is easy. Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the new <u>Web site</u> and our job openings.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time.

The Department is a tobacco-free campus.

### **Enrollment**

In October 2012 there were 661,214 clients enrolled in Medicaid and 85,057 clients enrolled in CHP+. Monthly numbers for enrollment and expenditures can be found on the Department's <a href="Budget">Budget</a> Web page.



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